

FILED

Oct 29, 2020

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Name and Prisoner/Booking Number

CSP SACRAMENTO

Place of Confinement

P8 Box 290066

Mailing Address

Repress, CA 95671-0066

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

(Full Name of Plaintiff)

Plaintiff,

v.

(Full Name of Defendant)

(2)

(3)

(4)

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

2:20-cv-2175 CKD (PC)

CASE NO.

(To be supplied by the Clerk)

Demands for Jury TrialCIVIL RIGHTS COMPLAINT
BY A PRISONER☒ Original Complaint☐ First Amended Complaint☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).☐ Other: _____2. Institution/city where violation occurred: CSP — Sacramento

B. DEFENDANTS

1. Name of first Defendant: Amandeep Dhillon. The first Defendant is employed as:
Medical Doctor at CSP SACRAMENTO
(Position and Title) (Institution)
2. Name of second Defendant: _____. The second Defendant is employed as:

(Position and Title) (Institution)
3. Name of third Defendant: _____. The third Defendant is employed as:

(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:

(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No

2. If yes, how many lawsuits have you filed? 6. Describe the previous lawsuits:

a. First prior lawsuit:

1. Parties: C. Reif et al v. Ramona Chandler Brown
2. Court and case number: 2:18-cv-01088 KJM-CKD
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Dismissed
Summary Judgment against Plaintiff

b. Second prior lawsuit:

1. Parties: RRtreshchuk v. Ramona Chandler Brown
2. Court and case number: 2:19-cv-0699-KJM
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Yes
Still Pending Settlement Conference Dec 9, 2020

c. Third prior lawsuit:

1. Parties: E.F. Castillo v. Ramona C. Brown
2. Court and case number: _____
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Dismissed

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

Fourth Defendant
Previous Law Suit.

D. Henry 2:19-cv-2304 V. Brown R
(over concluded)
Settlement to Plaintiff.

Fifth Defendant.

K. Porter Vs Ronnie Brown
2:20-cv-00167 CKD
Pending

Sixth Defendant

A. Reilly Vs. Brown
2:20-cv-01709-AC

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: 8th And Amendment
14th US Constitution

2. Claim I. Identify the issue involved. Check only one. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

① Plaintiff Raula Brown at all times mentioned here in was confined at and housed at CSP Sacramento ② Defendant at all times mentioned here in was employed at and assigned to CSP Sacramento. Defendant was acting under color of federal law and institutional authority and is being sued in their individual capacity. This action arises from Defendant A. Dhillon, denying Plaintiff medical attention which falls under Deliberate-Indifference which Plaintiff has been suffering and still suffering and a serious injury in violation of 8th and 14th Amendment to the US Constitution. Defendant Act to harm Plaintiff was willful intentional and purposeful and Defendant worked in concert engaging in acts of being in contact with custody officers and custody staff in connection with Plaintiff's medical condition, that was connected from a previous excessive use of force on Plaintiff by custody staff that cause Plaintiff injuries.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Dislocated Hip chip Bone Pain in Right Shoulder Big Lump in Leg and Pain and Constant Suffering. In violation of Federal Laws and for this malicious and Sarcastic actions.

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

* (CLAIM I. AND Supporting facts CONTINUED) *

ON DEC 26, 2019 Plaintiff Was Beaten up pretty
 Bad By (5) Custody - officers ... so I was
 GIVEN A CAN Due to THE EXCESSIVE USE
 of FORCE ... So ON DEC 26, 2019 Custody
 STAFF LIED to The Doctor SAYING Plaintiff
 WAS GOING TO Hit STAFF With His DME / CANE
 Which was TOTALLY UNTrue. Custody LIED
 ON Plaintiff ONLY to JUSTIFY them TO
 Benefit and TO CONFISCATE my CANE.
 So EVERY Since FEB 2020 Plaintiff HAS
 BEEN TRYING TO RETRIVE His WALKING
 CANE. But Defendant A. Dhillon HAS
 INTENTIONALLY DENIED Plaintiff His WALKING
 CANE ONLY BECAUSE Custody STAFF HAS
 BEEN TELLING Defendant NOT TO ISSUE
 Plaintiff His
 CANE BACK. I HAVE A Custody
 STAFF AS MY
 Witness TO Defendant Is
 IN CONTACT WITH
 A Correctional Lt. Name - Unknown
 Defendant HAS BEEN
 CANCELLING ALL of Plaintiff Doctors
 appointments for
 Plaintiff current WALKING Situation

*
H CLAIMS = AND SUPPORTING FACTS (CONTINUED) *

The Unit R.N. HAS SCHEDULED * PLAINTIFF ABOUT 12
DIFFERENT DATES AND DEFENDANT HAS
TIMES IN TOTAL
CANCELLED PLAINTIFFS
MEDICAL APPOINTMENTS EACH TIME
WITH EXCUSES
SUCH AS DUE TO COVID-19 CRISIS ALL CANCELLED
APPOINTMENT WILL BE RE-SCHEDULED
BUT THE DEFENDANT
NEVER RE-SCHEDULED PLAINTIFF AT NO POINT
AND NEVER HAD NO
INTENTIONS OF RE-SCHEDULING PLAINTIFF. DUE TO
RETALIATION TATTOOS AND BEING IN FULL CUSTODY
WITH CUSTODY STAFF.
DEFENDANT NOT SERVE A LEGITIMATE PENOLOGICAL
INTEREST AND CAUSED
PLAINTIFF PROLONGED PAIN SUFFERING DUE TO PLAINTIFF
NOT BEING TREATED
FOR HIS CURRENT SERIOUS CONDITIONS AND NOT
BEING ABLE TO WORK
OR PUT PLAINTIFF'S THINGS BEHIND HIS BACK.

Defendant Have Acted with a Culpable State
of Mind to a
foreseeable Risk to Plaintiff Health and Safety
Defendant Has Intentionally
Enforced Federal laws knowing and Plaintiff
Is Entitled to and
Will Seek Punitive Damages Defendant
was Deliberate
Indifferent and Bias to Plaintiff Health and Current
Injuries and Conditions not being able to work.

Defendant Has Been
Sued By other inmates For Similar
Situations.

Plaintiff Is in a lot of Pain and Unable to
Work. Plaintiff
Don't know His Cell Due To Plaintiff
Unable to work
and Defendant Refuses to See and
Plaintiff. But Defendant Hides Behind
The Excuses of Covid-19 Pandemic -

CLAIM II

1. State the constitutional or other federal civil right that was violated: 8th and 14th Amendment
US CONSTITUTION

2. Claim II. Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: <u>Can't walk Medical condition</u> | |

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

① Plaintiff Ronnie Brown at all times mentioned here in was confined at and abused at CSD Sacramento. ② Defendant at all times mentioned here in was employed at and assigned to CSD Sacramento Defendant was acting under color of federal law and institutional authority and is being sued in their individual capacity this action arises from Defendant A. Dhillon, constantly denying Plaintiff medical attention which falls under deliberate indifference which Plaintiff has been suffering from still suffering and a serious injury in violation of 8th and 14th Amendment to the United States Constitution Defendant Act to harm Plaintiff was willful intentional and purposeful and Defendant worked in concert engaging in acts of being in collusion with custody staff and custody staff in connection with Plaintiff's medical condition that was connected from a previous excessive use of force on Plaintiff by custody staff that caused Plaintiff injuries that when Plaintiff can't walk at all no more and Defendant is not doing anything about it to correct the problem.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Dislocated Hip Chip Bone Pain in Right Leg & Shoulder Big Bump in Leg and Pain constant suffering. And the medical doctor Dhillon is not doing anything to correct the urgent problem.

5. Administrative Remedies.

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

* Claim II AND Supporting Facts (Continued) *

Defendant Was Deliberate Indifference To Plaintiff
 Personal - Safety
 AND Acted with a Culpable State of Mind To A
 Foreseeable Risk
 To Plaintiff's Health AND Safety AND Disregarded
 Those Risks BY
 Refusing to take Reasonable Measures To Abate
 The Risks Plaintiff

Waiting Situation: This Defendant Has Intentionally
 Enacted All of
 Plaintiff 7263 Medical forms. AND Has Cancelled
 All of The R.N.
 Scheduling for Plaintiff. Medical Condition.
 POWELL VS. ALEXANDER, 391 F.3d ① (1st Cir. 2005)

Secured BY The Laws
 of The United-States AND Knowingly
 Concertedly,
 AND Intentionally Violated The Laws of
 The United States
 Including The 8th AND 14th Amendments To The
 United States

Constitution: Plaintiff Has X-RAY Results
 7219 Medical - Reports Supporting Plaintiff
 Claims + Allegations

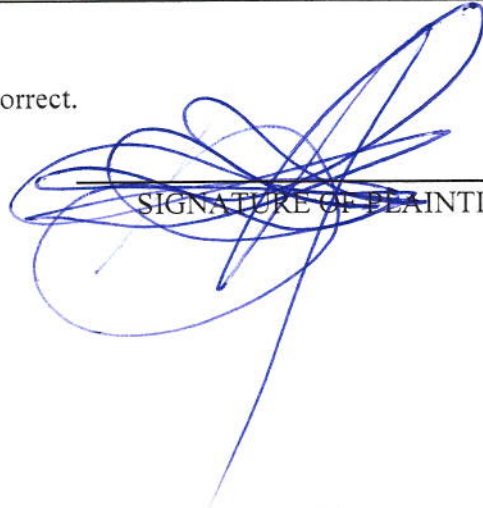
E. REQUEST FOR RELIEF

State the relief you are seeking:

(1) Awarded Fees And cost (2) Awarded - Attorney fees (3) Compensatory Damages of 750,000 (4) Punitive - Damages IN The Amount 100,000 Against Defendant AND FOR ALL OF HIS INTENTIONAL VIOLATION OF FEDERAL LAWS AND FOR HIS MALICIOUS AND SADISTIC ACTIONS (5) for a INJUNCTION - AND PERMANENT INJUNCTION REQUESTED FOR Defendant Be Demoted or Either Terminated.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/27/20
DATE


SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES


All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

* VERIFICATION *

I Plaintiff LAMAR chedee Brown
Have Read the foregoing Complaint
And contents There of. Such
Complaint IS MADE
on my Personal- Knowledge And As
Such.
I Believe it to Be True And
Correct.

I declare. under PENALTY of Perjury
That The foregoing IS True And Correct.

Dated: 10-27-20



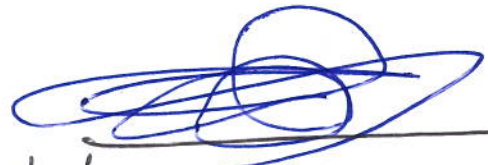
/s/ Plaintiff-Declarant
Pro - se

Demand for Jury Trial

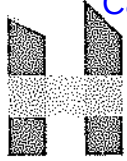
I Demand for a Jury Trial
for ALL CLAIMS A Jury
Trial Is Allowed.

* Fed. R. Civ P. Rule 38 *
*

Dated: 10-27-20



/s/ Plaintiff - Defendant
Pro Se



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

OCT 14 2020

Closing Date:

To: BROWN, RONNIE (P17249)
California State Prison – Sacramento
P.O. Box 290001
Represa, CA 95671-0002

From: California Correctional Health Care Services
Health Care Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking #: SAC HC 20000198

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE APPEAL SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: ADA (Disagreement with RAP Decision)	You disagree with RAP response log number SAC-H-19-05527.

HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. As stated in the Institutional Level Response, on March 26, 2020, a primary care provider documented a cane was not medically necessary at that time. On September 15, 2020, you were assessed by a primary care provider via registered nurse co-consultation. The provider documented the x-ray results were reviewed and were normal with no acute fracture or dislocation. On September 17, 2020, you were evaluated by a primary care provider for a history and physical examination. The provider documented your cane issue was acknowledged and had already been addressed; the provider further noted your breathing and gait appeared normal. There is no documentation to support the provider determined a cane was medically necessary at that

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

time. Your health care condition will continue to be monitored with care provided as determined medically necessary by a primary care provider, in accordance with appropriate policies and procedures.

There is no indication your care has not been provided pursuant to the rules and regulations governing the management and delivery of medically or clinically necessary health care services. Patients shall be accorded impartial (equal, unbiased) access to treatment or accommodations that are determined to be medically or clinically indicated, based on the patient's individual presentation, history, and exam findings, in accordance with appropriate policies and procedures. Treatment determined to be medically or clinically indicated for another patient may not be determined to be appropriate for you; this does not constitute a violation of your right to impartial access to medically or clinically necessary health care. While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

Health care staff, utilizing clinical expertise within the scope of their licensure, is responsible for determining if a health care grievance warrants expedited processing, not the grievant. Your health care grievance was identified by licensed clinical staff to not meet the criteria for expedited processing per California Code of Regulations, Title 15, Section 3999.228(b)(2) and/or 3999.230(b)(1)(B).

You have the right to exhaust your administrative remedies or file a civil action. It is your personal responsibility to obtain legal counsel if you so choose. The Prison Litigation Reform Act (42 U.S.C § 1997e[a]) states: "No action shall be brought with respect to prison conditions under § 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Monetary compensation is outside the jurisdiction of the health care grievance process.

Complaints against custody staff are not a health care services issue over which California Correctional Health Care Services has jurisdiction. As such, your concerns should be addressed through the appropriate custody channels at your institution.

California Correctional Health Care Services takes your complaint against any personnel seriously and all efforts are made to ensure these matters are researched and responded to accordingly. However, it is not in the purview of grievants to dictate administrative actions regarding health care grievance review, disciplinary measures, or adverse action against staff. Further, all such personnel actions are confidential and will not be shared with inmates, staff, or the public.

The health and safety of our population is of critical importance to the California Department of Corrections and Rehabilitation and California Correctional Health Care Services. While our agency is working together to appropriately respond to the COVID-19 crisis, we will continue to provide urgent and emergent health care services. To reduce risks to both patients and staff, inmate movement will be minimized. In addition, some specialty and routine care may be delayed as a result of both internal redirections and external closures. All cancelled appointments will be rescheduled as soon as safely possible. If you have health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care

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Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

This decision exhausts your administrative remedies.



S. Gates, Chief
Health Care Correspondence and Appeals Branch
Policy and Risk Management Services
California Correctional Health Care Services

October 12, 2020

Reviewed and Signed Date

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

P.O. Box 588500
Elk Grove, CA 95758

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY Expedited? ☐ Yes ☒ No Tracking #: SAC HC 20000198

Staff Name and Title (Print): M. Linggi HCARW Signature: M. Linggi HCARW Date: 3/3/20

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): JP Brown, Ronnie Cherokee CDCR #: P17249 Unit/Cell #: A2 206

SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy: I AM LOOZING MEDICAL STAFF DUE TO

REPORTING FALSE STATEMENTS ON MY (RAP RESPONSE) ON DEC 26, 2019
WHILE IN CTC-1 I WAS BEAT UP PRETTY BAD BY FOUR OFFICERS, WHICH
I HAVE AN EXTRA (7219) THAT WAS CONDUCTED ON DEC 27, 2019 THE
NEXT DAY OF INCIDENT, AND CUSTODY OFFICERS LIED TO MD STATING
I DON'T NEED A CANE FALSE, AND I USE MY CANE TO HIT
MOTHER FUCKERS THAT DON'T EVEN MAKE SENSE. I WAS ISSUED THE
CANE PRIOR TO COMING TO CTC BUT AFTER THEY (4) GUY BEAT ME UP
THEY INTENTIONALLY TOOK MY CANE OUT OF FEAR OF RETALIATION
AND LIE TO MEDICAL DOCTORS ONLY TO JUSTIFY THE EXCESSIVE
FORCE, MY HIP WAS DISLOCATED WITH A LEG INJURY FROM THE 12/26/19
INCIDENT. FURTHER MORE NO STAFF HAS EVER SEEN ME

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☒ No 1824 RAP RESPONSE (7219) 7410 COPY

Grievant Signature: [Signature] Date Submitted: 03-01-20

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. R.B.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____

☐ Withdrawn (see section E)

☒ Accepted Assigned To: M. Linggi Title: HCARW Date Assigned: 03/06/2020 Date Due: 05/07/2020

Interview Conducted? ☒ Yes ☐ No Date of Interview: 4/2/20 Interview Location: _____

Interviewer Name and Title (print): M. Linggi HCARW Signature: M. Linggi HCARW Date: 4/2/20

Reviewing Authority Name and Title (print): M. Bobbala, MD, CME Signature: [Signature] Date: 06/04/2020

Disposition: See attached letter ☐ Intervention ☒ No Intervention

HCGO Use Only: Date closed and mailed/delivered to grievant: JUN 09 2020

<p>1. Disability Code:</p> <p><input checked="" type="checkbox"/> TAFE score ≤ 4.0</p> <p><input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD</p> <p><input type="checkbox"/> DPS <input type="checkbox"/> DNH</p> <p><input type="checkbox"/> DDP</p> <p><input type="checkbox"/> Not Applicable</p>	<p>2. Accommodation:</p> <p><input checked="" type="checkbox"/> Additional time</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> SLI</p> <p><input type="checkbox"/> Louder <input checked="" type="checkbox"/> Slower</p> <p><input checked="" type="checkbox"/> Basic <input type="checkbox"/> Transcribe</p> <p><input type="checkbox"/> Other*</p>	<p>3. Effective Communication:</p> <p><input type="checkbox"/> Patient asked questions</p> <p><input type="checkbox"/> Patient summed information</p> <p>Please check one:</p> <p><input type="checkbox"/> Not reached* <input checked="" type="checkbox"/> Reached</p> <p>*See chrono/notes</p>
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4. Comments: TAFE 3.6

RECEIVED COMPLETED RECEIVED COMPLETED

SAC SAC

MAR 03 2020 JUN 09 2020

STAFF USE ONLY

HCGO HCGO

JUL 27 2020

OCT 14 2020

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 2 of 2

Tracking #: SAC HC 20000198

SECTION C:

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A); and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Ike i Said Since Dec 26, 2019 i Have Been TRYING to get my Walking cane back Due to me Being Beaten up on Dec 26, 2019 By (4) officers here at CSP SAC. CTC-1 Chris Reed And Every Since 12-26-19, CSP ST officers And Medical Staff I Has Been GIVING me Multiple Excuses As to Why A Cane Is Not Currently INDICATED. I Have Been TRYING Real Hard to get my cane back i can no longer walk any more Due to my Dec 26, 2019 Injury By (4) officers here at CSP ST And i am in the Process of filing a 2 million dollar law suit. And For Some Doctors + Medical Staff to Be fired After This Appeal has Been Exhausted. *Thane jwu*

Grievant Signature:

Date Submitted:

7-20-20

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____☐ Withdrawn (see section E) ☒ Accepted☐ Amendment Date: _____Interview Conducted? ☐ Yes ☒ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☒ No Intervention

This decision exhausts your administrative remedies.

HQ Use Only: Date closed and mailed/delivered to grievant:

OCT 14 2020

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

STAFF USE ONLY

Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE ATTACHMENT
 CDCR 602 HC A (10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
 Page 1 of 2

STAFF USE ONLY

Tracking #:

SAC HC 20000198

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.
 Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

CDCR Number:

Unit/Cell Number:

Brown, Ronnie C.

P17249

A2-206

SECTION A:

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

SEE ATTACHED
CDC-1824/602-A

Grievant Signature: _____

Date Submitted: _____

SECTION B: Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

Name and Title: _____

Signature: _____

Date: _____

RECEIVED
 SAC
 MAR 03 2020
 HCGO

SAC

JUN 09 2020

HCGO

RECEIVED
 HCCAB
 JUL 27 2020

COMPLETED
 HCCAB
 OCT 14 2020

STAFF USE ONLY

STAFF USE ONLY

Institution:

Tracking #:

SAC HC 20000198

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.
Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

CDCR Number:

Unit/Cell Number:

SECTION A:

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the decision, action, condition, omission, policy or regulation that has had a material adverse effect upon your health and welfare for which you seek administrative remedy):

observed me from another room walking with no issues that's false
and staff lied on me again stating during escort to and from medical
appointments and law library with out any issues and was
walking fine those statements in this report are false allegations
by custody & medical due to both are in custody with
each other, I have not been to the library in 3 months, all pso
A - for treatment - center officers & clinicians know I have
been having problems walking every since custody beat me up
and lied to every doctor, and I was interviewed by
RN Liggi on 6/22 and she said she was ordering me back
X-rays which she never ordered because my mind
refused to order me X-rays all staff mention will be sued -

Grievant Signature:

Date Submitted:

03/01/20

SECTION B: Continuation of CDCR 602 HC, Health Care Grievance Appeal, Section B only (Dissatisfied with Health Care Grievance Response):

use new form

Grievant Signature:

Date Submitted:

RECEIVED
SAC
MAR 03 2020
HCGO

COMPLETED
SAC
JUN 09 2020
HCGO

RECEIVED
STAFF
JUL 27 2020

COMPLETED
STAFF
OCT 14 2020
ONLY

RAP Meeting Date: 1/16/2020

Date IAC Received 1824: 12/31/2019

1824 Log Number: SAC-H-19-005527

Inmate's Name: BROWN

CDCR #: P17249

Housing: A2-206

RAP Staff Present: ADA Coordinator J. Caraballo, Correctional Counselor II B. Hendricks, Chief Physician Surgeon P. Sahota, Mental Health Clinician L. Kennerly, Health Care Appeals Coordinator K. Klingenberg, Health Care Compliance Analyst P. Leyva, Principal of Education D. Hamad

Summary of Inmate's 1824 Request: BROWN claims they took his walker and cane and now he can't walker and cane now he can't walk to group or anywhere. Brown is requesting his cane back.

Interim Accommodation:

☒ No interim accommodation required.

RAP RESPONSE:

RAP is able to render a final decision on the following:

Response: The Reasonable Accommodation Panel (RAP) initially reviewed your request on 1/2/2020 and it was determined more information was needed before a final decision could be rendered. It was reviewed again on 1/16/2020 with Medical Staff reporting you were observed multiple times walking/pacing back and forth in your cell. When questioned why you weren't using your cane, you stated, "I don't need a cane, I use it to hit mother f****er." The cane was removed on 12/26/2019 and 7536 was updated. You were seen on the RN line on 12/31/2019 and the following was noted that you were scheduled to see your Primary Care Physician (PCP) to discuss issues described in this 1824. Your PCP observed you from another room on 1/10/2020, walking with no issues, big steps and strides. Custody Staff later reported, during the escort back to your cell, you were skipping steps and you walked up quickly. PCP noted in your chart, the cane was not medically indicated. The Health Care Grievance Office reports you submitted a grievance, log number is: SAC HC 1900 1376 received on 12/31/2019. It addresses your concerns of the cane being removed and it was split with the RAP process. Your medical concerns will be addressed as well. The grievance is due to you on or before 3/6/2020. Custody Staff report during your escorts to medical appointments and Law Library without any issues and you are walking with the Officers just fine.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

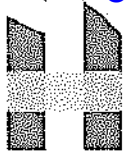
J. Caraballo
ADA Coordinator/De. signee

J. Caraballo
Signature

Date sent to inmate:

2/21/20

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HCCAB
JUL 27 2020



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

Closing Date: OCT 14 2020

To: BROWN, RONNIE (P17249)
California State Prison – Sacramento
P.O. Box 290001
Represa, CA 95671-0002

From: California Correctional Health Care Services
Health Care Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking #: SAC HC 20000323

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE APPEAL SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Diagnostic (X-Rays)	X-rays not done.
Issue: Non-Medical/Custody (Not Our Jurisdiction (NOJ))	Complaints against custody staff.
Issue: Medical Device (Cane/Crutch)	You disagree with your cane being discontinued.

HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. As stated in the Institutional Level Response, on March 26, 2020, a primary care provider documented a cane was not medically necessary at that time. On September 15, 2020, you were assessed by a primary care provider via registered nurse co-consultation. The provider documented the x-ray results were reviewed and were normal with no acute fracture or dislocation. On September 17, 2020, you were evaluated by a primary care provider for a history and physical examination. The provider documented your cane issue was

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

acknowledged and had already been addressed; the provider further noted your breathing and gait appeared normal. There is no documentation to support the provider determined a cane was medically necessary at that time. Your health care condition will continue to be monitored with care provided as determined medically necessary by a primary care provider, in accordance with appropriate policies and procedures.

There is no indication your care has not been provided pursuant to the rules and regulations governing the management and delivery of medically or clinically necessary health care services. Patients shall be accorded impartial (equal, unbiased) access to treatment or accommodations that are determined to be medically or clinically indicated, based on the patient's individual presentation, history, and exam findings, in accordance with appropriate policies and procedures. Treatment determined to be medically or clinically indicated for another patient may not be determined to be appropriate for you; this does not constitute a violation of your right to impartial access to medically or clinically necessary health care. While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

Health care staff, utilizing clinical expertise within the scope of their licensure, is responsible for determining if a health care grievance warrants expedited processing, not the grievant. Your health care grievance was identified by licensed clinical staff to not meet the criteria for expedited processing per California Code of Regulations, Title 15, Section 3999.228(b)(2) and/or 3999.230(b)(1)(B).

You have the right to exhaust your administrative remedies or file a civil action. It is your personal responsibility to obtain legal counsel if you so choose. The Prison Litigation Reform Act (42 U.S.C § 1997e[a]) states: "No action shall be brought with respect to prison conditions under § 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Monetary compensation is outside the jurisdiction of the health care grievance process.

Complaints against custody staff are not a health care services issue over which California Correctional Health Care Services has jurisdiction. As such, your concerns should be addressed through the appropriate custody channels at your institution.

California Correctional Health Care Services takes your complaint against any personnel seriously and all efforts are made to ensure these matters are researched and responded to accordingly. However, it is not in the purview of grievants to dictate administrative actions regarding health care grievance review, disciplinary measures, or adverse action against staff. Further, all such personnel actions are confidential and will not be shared with inmates, staff, or the public.

The health and safety of our population is of critical importance to the California Department of Corrections and Rehabilitation and California Correctional Health Care Services. While our agency is working together to appropriately respond to the COVID-19 crisis, we will continue to provide urgent and emergent health care services. To reduce risks to both patients and staff, inmate movement will be minimized. In addition, some specialty and routine care may be delayed as a result of both internal redirections and external closures. All cancelled appointments will be rescheduled as soon as safely possible. If you have health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue

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your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

This decision exhausts your administrative remedies.



S. Gates, Chief
Health Care Correspondence and Appeals Branch
Policy and Risk Management Services
California Correctional Health Care Services

October 12, 2020

Reviewed and Signed Date

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

P.O. Box 588500
Elk Grove, CA 95758

1845/7410

BROWN, RONNIE CHEROKEE - P17249

1845 Case was Extended To 180 days -

1845/7410 Entered On: 12/18/2019 11:42 PST
 Performed On: 12/18/2019 11:39 PST by McCune, Heather P&S

Patient Encounter Information

ENCTR Information: Encounter Info: Patient Name: RONNIE BROWN, DOB: 02/03/1964, FIN: 10000001911125371P17249, Facility: SAC, Encounter Type: Institutional Encounter

McCune, Heather P&S - 12/18/2019 11:39 PST

1845/7410

Disability Verification: Disability Confirmed

Disability Type: Mobility: DNM-may require assistive device to ambulate, but disability not so severe to require special housing/level terrain. Criteria: Must have impairment of major life activity. May have special needs outside housing placement. Can walk up/down steps/stairs

Disability Type: Hearing: No Hearing Impairment

Disability Type: Vision: No Vision Impairment

Speech-DPS: No

Kidney-DKD: No

1845/7410 Status: Temporary

1845/7410 Expire Date: 1/31/2020 23:59 PST

Orthopedic Condition: N/A

Post Operation-Post Injury: N/A

Orthopedic Condition-Upper Extremity: N/A

Neurological Condition: N/A

Orthopedic Condition-Lower Extremity: Uses hands to assist with mobility; use of cane, or crutch

UV Exposure: N/A

Inmate Assistant Attendant: N/A

7410-Other: N/A

Non-Formulary One Off Accommodations: SC = Special Cuffing/Restraints Alert accommodation not covered by above criteria.

Non-Formulary One Off Justification: temporary cane until 01/31/2020 with waist chain restraints

DPW: N/A

DPO: N/A

DPM: N/A

DLT: N/A

over - also see new

7410 that expires on 3/4/2020

Result type: 1845/7410
 Result date: December 18, 2019 11:39 PST
 Result status: Auth (Verified)
 Result title: 1845/7410
 Performed by: McCune, Heather P&S on December 18, 2019 11:39 PST
 Verified by: McCune, Heather P&S on December 18, 2019 11:39 PST

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 HCOAB
 JUL 27 2020

Printed by: Spaulding, Evangeline LVN
 Printed on: 12/18/2019 11:47 PST

RN Linji has saying she

Page 1 of 2

was go order me x-rays which she never did -

ADA/Effective Communication Patient Summary

As of: 12/31/2019 07:48

Patient InformationNAME: BROWN, RONNIE
CDCR: P17249**Testing of Adult Basic Education (TABE)**

TABE Score: 03.6

TABE Date: 02/20/2015 00:00

Disability Placement Program**Current DPP Code(s):**DPP Verification/Accommodation Date: 12/26/19
9:42:01 PST**Current Housing Restrictions/Accommodations:****Methods of Communication****SLI:****Primary Method:****Secondary Method:****Interview Date:****Developmental Disability Program****Current DDP Code:****Effective Date:****Adaptive Support Needs:****Learning Disabilities****Learning Disabilities:****English Proficiency**

LEP: No

Primary Language: English**Durable Medical Equipment****Current ISSUED DME:**

- * Ankle Foot Orthoses/Knee Ankle Foot Orthoses Permanent
- * Eyeglass Frames Permanent
- * Other Permanent: UPPER PARTIAL DENTURES Cane retrieved by MD on 12/26/2019- see note

MHSDS

MHLOC: EOP

I was Re-Issued my Cane Temporary ~~for~~ 03/06/20 But I need my Cane for at least 180 days. Custody lies to MD with false allegations only to justify the excessive force that they used on me on 12/24/19 and medical is also supporting custody. ~~False~~ Allegation only to not issue me my Cane back. So law suit will follow on DOCTOR